

United States Bankruptcy Court  
Northern DISTRICT OF Illinois

Page 1 of 53

Voluntary Petition

Name of Debtor (if individual, enter Last, First, Middle):

Smith SHARMAN E

Name of Joint Debtor (Spouse) (Last, First, Middle):

None

All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):

Pratt Daniels

All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):

Dna

Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):

5935

Last four digits of Soc. Sec./Complete EIN or other Tax I.D. No. (if more than one, state all):

Dna

Street Address of Debtor (No. and Street, City, and State):

6920 S. Oglesby #3A  
Chgo. IL

Street Address of Joint Debtor (No. and Street, City, and State):

Dna

County of Residence or of the Principal Place of Business:

ZIP Code 60649

County of Residence or of the Principal Place of Business:

ZIP Code

Mailing Address of Debtor (if different from street address):

ZIP Code

Mailing Address of Joint Debtor (if different from street address):

Dna

Location of Principal Assets of Business Debtor (if different from street address above):

ZIP Code

ZIP Code

Type of Debtor  
(Form of Organization)  
(Check one box.)

- ☒ Individual (includes Joint Debtors)  
See Exhibit D on page 2 of this form.  
☐ Corporation (includes LLC and LLP)  
☐ Partnership  
☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)

Nature of Business  
(Check one box.)

- ☐ Health Care Business  
☐ Single Asset Real Estate as defined in 11 U.S.C. § 101(51B)  
☐ Railroad  
☐ Stockbroker  
☐ Commodity Broker  
☐ Clearing Bank  
☐ Other

Tax-Exempt Entity  
(Check box, if applicable.)

- ☐ Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).

Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.)

- ☒ Chapter 7  
☐ Chapter 9  
☐ Chapter 11  
☐ Chapter 12  
☐ Chapter 13  
☐ Chapter 15 Petition for Recognition of a Foreign Main Proceeding  
☐ Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding

Nature of Debts  
(Check one box.)

- ☒ Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  
☐ Debts are primarily business debts.

Filing Fee (Check one box.)

- ☐ Full Filing Fee attached.  
☐ Filing Fee to be paid in installments (applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A.  
☒ Filing Fee waiver requested (applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.

Check one box:

- ☐ Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D).  
☐ Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D).

Check if:

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2 million.

Check all applicable boxes:

- ☐ A plan is being filed with this petition.  
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).

Statistical/Administrative Information

- ☐ Debtor estimates that funds will be available for distribution to unsecured creditors.  
☐ Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.

Estimated Number of Creditors

1-49	50-99	100-199	200-999	1,000-5,000	5,001-10,000	10,001-25,000	25,001-50,000	50,001-100,000	Over 100,000
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Estimated Assets

<input checked="" type="checkbox"/> \$0 to \$10,000	<input type="checkbox"/> \$10,000 to \$100,000	<input type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million
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Estimated Liabilities

<input type="checkbox"/> \$0 to \$50,000	<input type="checkbox"/> \$50,000 to \$100,000	<input checked="" type="checkbox"/> \$100,000 to \$1 million	<input type="checkbox"/> \$1 million to \$100 million	<input type="checkbox"/> More than \$100 million
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THIS SPACE IS FOR COURT USE ONLY

**FILED**  
SEP 28 2007  
KENNETH S. GARDNER, CLERK  
PS REP. - MBM  
UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS

## Voluntary Petition

(This page must be completed and filed in every case.)

Document Page 2 of 53

Form B1, Page 2

All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet.)		
Location Where Filed:	Case Number:	Date Filed:
Location Where Filed:	Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet.)		
Name of Debtor: <u>none</u>	Case Number:	Date Filed:
District:	Relationship:	Judge:
<b>Exhibit A</b> (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		
<b>Exhibit B</b> (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I have delivered to the debtor the notice required by 11 U.S.C. § 342(b).  X Signature of Attorney for Debtor(s) (Date)		

## Exhibit C

Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?

☐ Yes, and Exhibit C is attached and made a part of this petition.☒ No.

## Exhibit D

(To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.)

☒ Exhibit D completed and signed by the debtor is attached and made a part of this petition.

If this is a joint petition:

☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition.Information Regarding the Debtor - Venue  
(Check any applicable box.)

- ☒ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.
- ☐ Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.

Statement by a Debtor Who Resides as a Tenant of Residential Property  
(Check all applicable boxes.)

- ☐ Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.)

(Name of landlord that obtained judgment)

(Address of landlord)

- ☐ Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and
- ☐ Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition.

Official Form 1 (10/06)

Document Page 3 of 53

Form B1, Page 3

## Voluntary Petition

(This page must be completed and filed in every case.)

Name of Debtor(s)

Shannon E. Smith

## Signatures

## Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X Shannon E. Smith  
Signature of Debtor

X None  
Signature of Joint Debtor

Telephone Number (if not represented by attorney)

773-288-8824

Date

## Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X \_\_\_\_\_  
(Signature of Foreign Representative)

\_\_\_\_\_  
(Printed Name of Foreign Representative)

Date

## Signature of Attorney

X \_\_\_\_\_  
Signature of Attorney for Debtor(s)

\_\_\_\_\_  
Printed Name of Attorney for Debtor(s)

\_\_\_\_\_  
Firm Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

## Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X \_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Printed Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Date

## Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19B is attached.

\_\_\_\_\_  
Printed Name and title, if any, of Bankruptcy Petition Preparer

\_\_\_\_\_  
Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

\_\_\_\_\_  
Address

X \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

\_\_\_\_\_  
Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual.

\_\_\_\_\_  
If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

\_\_\_\_\_  
A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

Official Form 1, Exhibit D (10/06)

UNITED STATES BANKRUPTCY COURT

Northern District of Illinois

In re SHARMAN E. SMITH  
Debtor(s)

Case No. \_\_\_\_\_  
(if known)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH  
CREDIT COUNSELING REQUIREMENT**

**Warning:** You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

*Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.*

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

**Official Form 1, Exh. D (10/06) – Cont.**

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.]* *[Summarize exigent circumstances here.]* \_\_\_\_\_

**If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.**

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.]* *[Must be accompanied by a motion for determination by the court.]*

☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

**I certify under penalty of perjury that the information provided above is true and correct.**

Signature of Debtor: \_\_\_\_\_

Date: \_\_\_\_\_

Official Form 6 - Summary (10/06)

# United States Bankruptcy Court

Northern District Of Illinois

In re Shannon E. Smith  
Debtor

Case No. \_\_\_\_\_

Chapter 7

## SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 5450.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 10,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	2		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	22		\$ 105,143.63	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 1712.57
J - Current Expenditures of Individual Debtors(s)	Yes	1			\$ 1716.00
TOTAL			\$ 5450.00	\$ 115,143.63	

Official Form 6 - Statistical Summary (10/06)

# United States Bankruptcy Court

In re Shannon E. Smith  
Debtor

Northern District Of Illinois

Case No. \_\_\_\_\_

Chapter 7

## STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

**This information is for statistical purposes only under 28 U.S.C. § 159.**

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
<b>TOTAL</b>	<b>\$0.00</b>

**State the following:**

Average Income (from Schedule I, Line 16)	\$ 1712.57
Average Expenses (from Schedule J, Line 18)	\$ 1716.00
Current Monthly Income (from Form 22A Line 12; OR, Form 22B Line 11; OR, Form 22C Line 20)	\$ 1,325.02

**State the following:**

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 105,143.63
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 105,143.63

In re Shannon E. Smith  
DebtorCase No. \_\_\_\_\_  
(If known)**SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a co-tenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

**Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
			Total	

(Report also on Summary of Schedules.)



In re

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "X" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, or both own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

**Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.**

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." In providing the information requested in this schedule, do not include the name or address of a minor child. Simply state "a minor child."

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand		50.00
2. Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and home-stead associations, or credit unions, brokerage houses, or cooperatives.	X			
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, including audio, video, and computer equipment.		household goods		200.00
5. Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.	X			
6. Wearing apparel.		wearing apparel		200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interests in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issuer.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c); Rule 1007(b)).	X			

In re Shannon E. Smith  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X	home		
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X	none		
14. Interests in partnerships or joint ventures. Itemize.	X	none		
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X	none		
16. Accounts receivable.	X	none		
17. Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.	X	none		
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X	none		
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X	none		
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X	none		
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.	X	none		

In re Sharma E. Smith  
Debtor

Case No. \_\_\_\_\_  
(If known)

## SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.	X	None		
23. Licenses, franchises, and other general intangibles. Give particulars.	X	None		
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2005 Ford Focus		\$5000.00
26. Boats, motors, and accessories.	X	None		
27. Aircraft and accessories.	X	None		
28. Office equipment, furnishings, and supplies.	X	None		
29. Machinery, fixtures, equipment, and supplies used in business.	X	None		
30. Inventory.	X	None		
31. Animals.	X	None		
32. Crops - growing or harvested. Give particulars.	X	None		
33. Farming equipment and implements.	X	None		
34. Farm supplies, chemicals, and feed.	X	None		
35. Other personal property of any kind not already listed. Itemize.	X	None		
<p>0 continuation sheets attached Total</p> <p>(Include amounts from any continuation sheets attached. Report total also on Summary of Schedules.)</p>				\$ 5450.00

In re

Shannon E. Smith

Debtor

Case No. \_\_\_\_\_

(If known)

**SCHEDULE C - PROPERTY CLAIMED AS EXEMPT**Debtor claims the exemptions to which debtor is entitled under:  
(Check one box)☐ 11 U.S.C. § 522(b)(2)☐ 11 U.S.C. § 522(b)(3)☐ Check if debtor claims a homestead exemption that exceeds \$125,000.

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
Cash on hand	735ILCS 5/12-1001(b)	50.00	50.00
household goods	735ILCS 5/12-1001(b)	200.00	200.00
wearing apparel	735ILCS 5/12-1001(a)	200.00	200.00
Vehicle	735ILCS 5/12-1001(c) 735ILCS 5/12-1001(b)	\$ 2400.00 \$ 2600.00	\$ 5000.00

Official Form 6D (10/06)

In re

Shannon E. Smith

Debtor

Case No.

(if known)

**SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS**

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.



Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. 60528500210041 Chase Auto Finance P.O. Box 9001937 Louisville, Ky. 40290-1937			2005 Ford Focus VALUE \$ 5000.00				\$10,000.00	
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					
ACCOUNT NO.			VALUE \$					
Subtotal ▶ (Total of this page)							\$90,000.00	\$0
Total ▶ (Use only on last page)							\$10,000.00	\$

0 continuation sheets attached

(Report also on Summary of Schedules.)

(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

Official Form 6E (10/06)

In re

Shannon E. Smith  
Debtor

Case No.

(if known)

**SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS**

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112. If "a minor child" is stated, also include the name, address, and legal relationship to the minor child of a person described in Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 or 13 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts who file a case under chapter 7 report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

**TYPES OF PRIORITY CLAIMS** (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

☐ **Domestic Support Obligations**

Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).

☐ **Extensions of credit in an involuntary case**

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

☐ **Wages, salaries, and commissions**

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,000\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

☐ **Contributions to employee benefit plans**

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

Official Form 6E (10/06) - Cont.

In re Sharon E. Smith,  
Debtor

Case No. \_\_\_\_\_  
(if known)

☐ **Certain farmers and fishermen**

Claims of certain farmers and fishermen, up to \$4,925\* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).

☐ **Deposits by individuals**

Claims of individuals up to \$2,225\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

☐ **Taxes and Certain Other Debts Owed to Governmental Units**

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

☐ **Commitments to Maintain the Capital of an Insured Depository Institution**

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507(a)(9).

☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

\* Amounts are subject to adjustment on April 1, 2007, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

\_\_\_\_ continuation sheets attached



In re: SHARMAN, SMITH E  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and account number, if any, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place "X" in the column labeled "Disputed". (You may need to place an "X" in more than one of these three columns).

Report total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							0.00
ACCOUNT NO. 80843			COLL				105.00
AMERICAN DRUG STORES P.O. BOX 309 FRANKLIN PARK, IL 60131							
ACCOUNT NO. 407592158			COLL				10,384.00
ANDREWS FINANCIAL GROUP P.O. BOX 12676 EL CAJON, CA 92022-2676							
ACCOUNT NO. 12705606739			COLL				550.00
ASSET ACCEPTANCE CORP P.O. BOX 2036 WARREN MI 48090							
ACCOUNT NO. 8798300033214803			COLL				89.00
AT&T BROADBAND 1255 W NORTH AVE CHICAGO IL 60622							
Subtotal							\$ 11,128.00
Total							\$

21 continuation sheets attached.

(Use only on last page of completed Schedule F.)





In re: SHARMAN, SMITH E

Case No. \_\_\_\_\_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1110602013719 BANK ONE CHICAGO NA P O BOX 70 WILMENTTE IL 60091		OVERDRAWN				55.00
ACCOUNT NO. 90040220759990 BLATT, HASEMILLER, LEIBSKER & M 2 N. LASALLE STE 900 CHICAGO IL 60602		COLL				205.00
ACCOUNT NO. 353-58-5935 BUFFINGTON & ASSOCIATES 1525 E. 53RD STREET SUITE 622 CHICAGO, IL 60615		ATTY FEES				1,100.00
ACCOUNT NO. 055752201 CARSON PIRIE SCOTT CO. 101 NORTH WOLF ROAD HILLSIDE IL 60162		REV CH				803.00
ACCOUNT NO. 8275254047 COM ED BILL PAYMENT CTR. CAROL STREAM IL 60668		COLL				880.00
ACCOUNT NO. S41835 COMMERCIAL RECOVERY CORP 2326 E. 69TH ST FL 2 CHICAGO, IL 60649		COLL				31.00
ACCOUNT NO. S41906 COMMERCIAL RECOVERY CORP P.O. BOX 49520 MINNEAPOLIS MN 55449		COLL				23.00

Subtotal \$ 3,097.00

Total \$

1 of 2

continuation sheets attached.

(Use only on last page of completed Schedule F.)



In re: SHARMAN, SMITH E

Case No. \_\_\_\_\_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5200259166501N CRA SECURITY SYSTEMS PO BOX 67555 HARRISBURG PA 17106		REV CH				55.00
ACCOUNT NO. 525916 DEPT OF HUMAN SERV 100 S, GRAND AVENUE, EAST SPRING FIELD, IL 62762		OVERPAYMENT				3,297.00
ACCOUNT NO. 216373050-Y DUN & BRADSTREET 222 PITKIN ST EAST HARTFORD CT 06128		COLL				74.00
ACCOUNT NO. 7230582764 FIFTH THIRD BANK INDIANA / NOR PO BOX 630778 CINCINNATTI OH 45263		COLL				274.00
ACCOUNT NO. 347327793 HANOVER DIRECT, INC P.O. BOX 624 HANOVER, PA 17331		COLL				306.00
ACCOUNT NO. 6379982 ILL COLL SERVICE INC PO BOX 646 OAKLAWN IL 60454		COLL				195.00
ACCOUNT NO. 353-58-5935 ILL DEPT OF EMPLOYMENT SECURIT PO BOX 4385 CHICAGO IL 60680		OVERPAYMENT				332.67
Subtotal						\$ 4,533.67
Total						\$

20/21

continuation sheets attached.

(Use only on last page of completed Schedule F.)



In re: SHARMAN, SMITH E

Case No. \_\_\_\_\_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. CG8891200520854 J C PENNEY CO. P.O. BOX 405007 CINCINNATI OH 45240		COLL				997.00
ACCOUNT NO. 0000000609999958 JDR RECOVERY CORP. PO BOX 585 RAMSEY NJ 07446		COLL				169.00
ACCOUNT NO. 353-58-5935 JESSIE R. LOCKHART 9348 S. PHILLIPS AVE CHICAGO, IL 60617		PERSONAL LOAN				800.00
ACCOUNT NO. 8523634759-015060 JEWEL FOODS 1955 W NORTH AVE MELROSE PK IL 60653		RETURNED CHECK				144.00
ACCOUNT NO. 5-2833468-409268 LONG BEACH ACCEPTANCE 1MACK CENTRE DR PARAMUS NJ 07652		REPO 1994 NISSAN 11/15/01				7,443.00
ACCOUNT NO. 90917219 LORD & TAYLOR P.O. BOX 94873 CLEVELAND OH		COLL				155.00
ACCOUNT NO. 353-58-5935 MAIBEL HINOJOSA P.O. BOX 906 SOUTH HOLLAND, IL 60473		COLL				300.00

Subtotal \$ 10,008.00

Total \$

3 of 21

continuation sheets attached.

(Use only on last page of completed Schedule F.)



In re: SHARMAN, SMITH E

Case No. \_\_\_\_\_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DEBTOR HUSBAND, WIFE, JOINT OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 546982 MALCOLM S GERALD ASSOC 332 S MICHIGAN CHICAGO IL 60604		COLL				30.00
ACCOUNT NO. 353-58-5935 MARYLENE VITIELLO D.D.S. 1525 E. 55TH STREET STE 303 CHICAGO, IL 60615		COLL				273.00
ACCOUNT NO. 3FD51175 MCI WORLDCOM PO BOX 650547 DALLAS TX 75265		COLL				61.00
ACCOUNT NO. 19003 MERIT SCHOOL OF MUSIC 47 W POLK STREET CHICAGO, IL 60605		COLL				125.00
ACCOUNT NO. 35181274538010 NATIONWIDE CREDIT, INC P.O. BOX 420889 ATLANTA GA 30342		COLL				162.00
ACCOUNT NO. 6320188 OLD KENT BANK		COLL				97.00
ACCOUNT NO. 4121741722548083 OSI COLLECTION SERVICE PO BOX 469 OWINGS MILL MD 21117		COLL				924.00

Subtotal \$ 1,672.00

Total \$

4 of 21

continuation sheets attached.

(Use only on last page of completed Schedule F.)

In re: SHARMAN, SMITH E

Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3500031960996 PEOPLES GAS CO 401 S STATE CHICAGO IL 60687		COLL				28.00
ACCOUNT NO. 242199 PROFESSIONAL ACCT. MGMT 2040 W. WISCONSIN AVE. MILWAUKEE WI 53233		COLL				114.00
ACCOUNT NO. 353-58-5935 RECEIVABLE RECOVERY SYSTEMS IN P.O. BOX 55 BATAVIA, IL 60510		COLL				40.00
ACCOUNT NO. 923-1110018577392 REVENUE MANAGMENT 225 W WASHINGTON CHICAGO IL 60606		COLL				751.00
ACCOUNT NO. 01001557380001 RMCB/RETRIEVAL MASTERS CREDIT 2269 S SAW MILL RIVER RD ELMSFORD NY 10523		COLL				23.00
ACCOUNT NO. 13994744 ROBERT G. MICHAELS & ASSOC 188 INDUSTRIAL DRIVE ELMHURST, IL 60126		COLL				400.00
ACCOUNT NO. 0004030827 RUSSELL COLLECTION AGENCY 1184 W. BRISTOLL RD. FLINT MI 48507		COLL				134.00

Subtotal \$ 1,490.00

Total \$

5 of 21

continuation sheets attached.

(Use only on last page of completed Schedule F.)

In re: SHARMAN, SMITH E

Case No. \_\_\_\_\_

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 416051 SALVATORE SPINELLI, ESQ. CS 9018 MELVILLE, NY 11747		COLL				1,309.00
ACCOUNT NO. 113-221-6866-5441 SBC BILL PAYMENT CTR CHICAGO IL 60663		COLL				303.00
ACCOUNT NO. 11460052 SOUTH SHORE HOSPITAL 8012 S CRANDON CHICAGO IL 60617		DOCTOR BILL				211.00
ACCOUNT NO. 01086998958 SPRINT PCS PO BOX 219554 KANSAS CITY MO 64121		COLL				252.00
ACCOUNT NO. 353-58-5935 ST PHILLIP NERI CHURCH 2132 E. 72ND ST CHICAGO, IL 60649		TUITION				600.00
ACCOUNT NO. 353-58-5935 STEVEN J FINK & ASSOC, PC 25 EAST WASHINGTON ST SUITE 1125 CHICAGO, IL 60602		COLL				910.00
ACCOUNT NO. 1996023195083 TELE CHECK 5251 WESTHEIMER HOUSTON TX 77056		COLL				71.00

Subtotal

\$ 3,656.00

Total

\$

60 of 21

continuation sheets attached.

(Use only on last page of completed Schedule F.)



In re: SHARMAN, SMITH E

Case No. \_\_\_\_\_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	DEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 26-991590155 THE CREDIT BUREAU, INC P.O. BOX 1736 ERIE, PA 16507-0736		COLL				146.00
ACCOUNT NO. 092999 UNIVERSITY OF CHICAGO PHYSICIAN P.O. BOX 810 MIDLOTHIAN IL 60445		DOCTOR BILL				185.00
ACCOUNT NO. 3411894 UNIVERSITY OF CHICAGO PHYSICIAN P.O. BOX 810 MIDLOTHIAN IL 60445		DOCTOR BILL				130.00
ACCOUNT NO. 3411894 UNIVERSITY OF CHICAGO PHYSICIAN P.O. BOX 810 MIDLOTHIAN IL 60445		DOCTOR BILL				70.00
ACCOUNT NO. 3411894 UNIVERSITY OF CHICAGO PHYSICIAN P.O. BOX 810 MIDLOTHIAN IL 60445		DOCTOR BILL				195.00
ACCOUNT NO. 3411894 UNIVERSITY OF CHICAGO PHYSICIAN P.O. BOX 810 MIDLOTHIAN IL 60445		DOCTOR BILL				180.00
ACCOUNT NO. 3411894 UNIVERSITY OF CHICAGO PHYSICIAN P.O. BOX 810 MIDLOTHIAN IL 60445		DOCTOR BILL				50.00
Subtotal						\$ 956.00
Total						\$

7 of 21

continuation sheets attached.

(Use only on last page of completed Schedule F.)



In re: SHARMAN, SMITH E

Case No. \_\_\_\_\_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 3411894 UNIVERSITY OF CHICAGO PHYSICIA P.O. BOX 810 MIDLOTHIAN IL 60445		DOCTOR BILL				130.00
ACCOUNT NO. 2562787 UNIVERSITY OF CHICAGO PHYSICIA P.O. BOX 810 MIDLOTHIAN IL 60445		DOCTOR BILL				475.00
ACCOUNT NO. 353-58-5935 VAN GOGH SCHOOL PHOTOGRAPHER 401 E. CORNELL BARRINGTON, IL 60010		COLL				63.00
ACCOUNT NO. 515994 WEXLER & WEXLER LAW OFFICES 500 W. MADISON ST. CHICAGO IL 60606		COLL				123.00
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						
ACCOUNT NO.						

Subtotal \$ 791.00

Total \$

8 of 24

continuation sheets attached.

(Use only on last page of completed Schedule F.)



In re Shannon Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
502-3158004663-9001 ACCOUNT NO.							
Wells Fargo Auto P.O. Box 29704 Phoenix, AZ 85038-9704			Car - totaled 10/09 Accident				6,246.43
ACCOUNT NO. 9854990							
Arnold Scott Harris Attorney at Law 600 W. JACKSON ST 720 60680			City of chgo Parking tickets				240.00
ACCOUNT NO. 1610164118							
RJM Acquisitions LLC P.O. Box 18006 Hawthorne, N.Y. 11788-8806			Charm me Bank				373.67
ACCOUNT NO.							
Ill. Department of Human Services 100 South Grand Ave., East Springfield, Ill 62762			Public Aid overpayment				3,297.00
ACCOUNT NO.							
4869-5570-5366-4508 First Premier Bank P.O. Box 5147			visa				480.00
Subtotal▶							10,637.10
Total▶							\$

Sheet no. 9 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Sioux Falls, Sd.  
57117-5147

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re

## Debtor

Case No.

(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**

(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.							
4121-7417-22548083 Capital one / 1051 Colchane P.O. Box 550720			USA				1923.91
ACCOUNT NO. 2562787							
Univ. of Chicago 550 E. Boughton Rd Bolingbrook, IL 60440			Nathaniel Jones doctor Bill				475.00
ACCOUNT NO.							
South shore hospital 8015 South Leake Chapel Hill 60617			Nathaniel Jones hospital				210.50
ACCOUNT NO.							
01-030000-81983000-24079595-00 Credit Protection Association Comcast P.O. Box 3002 South Pasadena, Ca 91398-3002			Comcast				427.36
ACCOUNT NO.							
Asset Acceptance LLC P.O. Box 2036 Warren, MI 48090-2036			SBC phone				171.48

Sheet no. 10 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

Subtotal▶

2

3207.75

Total▶

وعمو

(Use only on last page of the completed Schedule F)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data)

In re Shannon E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>SMT 001000</u> <u>Marylene Vitiello D.D.S.</u> <u>1525 E. 55th St.</u> <u>St. 303</u> <u>60645</u>			<u>Nathan's</u> <u>Dental</u>				<u>272.80</u>
ACCOUNT NO. <u>546 982</u> <u>Advocate Health Center</u> <u>332 S. Michigan Ave</u> <u>State 514</u> <u>60604</u>			<u>Doctor</u> <u>Bill</u>				<u>30.00</u>
ACCOUNT NO. <u>Van 90gh Photographs</u> <u>401 E. Cornell</u> <u>Barrington, IL 60010</u>			<u>School</u> <u>Robert</u> <u>pictures</u>				<u>62.75</u>
ACCOUNT NO. <u>80843</u> <u>American Drug Stores</u> <u>P.O. Box 309</u> <u>Franklin, IL 60131</u>			<u>OSCO</u>				<u>105.00</u>
ACCOUNT NO. <u>Jewel - OSKO Stores</u> <u>P.O. Box 1488</u> <u>Melrose Pl, IL 60160</u>			<u>Unpaid</u> <u>check</u>				<u>143.35</u>
Subtotal ▶							\$ <u>613.90</u>
Total ▶							\$

Sheet no. 11 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Sharman E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>216373050-4</u> <u>D &amp; B RMS</u> <u>P.O. Box 5470</u> <u>Mount Laurel, N.J. 08054</u>			<u>Prodisy</u> <u>Communications</u>				<u>73.35</u>
ACCOUNT NO. <u>3-411894</u> <u>Commercial Recovery</u> <u>Corporation</u> <u>P.O. Box 49520</u>		<u>Minneapolis, Minnesota 55449</u>	<u>Life touch</u> <u>National School</u> <u>Pictures</u>				<u>23.00</u>
ACCOUNT NO. <u>3-411894</u> <u>Univ. of chgo. Physician</u> <u>75 Remittance Dr. Suite 1385</u> <u>Chgo. IL 60675</u>			<u>Sharman</u> <u>Doctor Bill</u>				<u>130.00</u>
ACCOUNT NO. <u>3-411894</u> <u>Univ. of chgo. Physician</u> <u>75 Remittance Dr. St. 1385</u>			<u>Sharman</u> <u>Doctor</u> <u>Bill</u>				<u>70.00</u>
ACCOUNT NO. <u>3-411894</u> <u>Univ. of chgo. Physician</u> <u>P.O. Box 75307</u> <u>Chgo. IL 60675</u>			<u>Sharman</u> <u>Doctor Bill</u>				<u>195.00</u>
Subtotal ▶							\$ <u>491.35</u>
Total ▶							\$

Sheet no. 12 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Shannon E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>07845417</u> <u>CAVALRY</u> <u>P.O. Box 1017</u> <u>Hawthorne, N.Y. 10532</u>			<u>sprint</u>				<u>394.16</u>
ACCOUNT NO. <u>8491639</u> <u>Asset Acceptance LLC</u> <u>P.O. Box 2036</u> <u>Warren, MI. 48090-2036</u>			<u>fingert</u>				<u>631.33</u>
ACCOUNT NO. <u>35181274538010</u> <u>Nationwide Credit Inc</u> <u>P.O. Box 740652</u> <u>Atlanta, Ga. 30374-0652</u>			<u>At&amp;T long distance</u>				<u>161.85</u>
ACCOUNT NO. <u>26-991590155</u> <u>Credit Bureau Inc-26</u> <u>P.O. Box 1736</u> <u>Eric, Pa. 16507-0736</u>			<u>BIAN Credit Car</u>				<u>145.34</u>
ACCOUNT NO. <u>8798300033214803</u> <u>At&amp;T Broadband</u> <u>P.O. Box 173885</u> <u>Denver, Co. 80217</u>			<u>Cable</u>				<u>88.76</u>
Subtotal▶							<u>1421.44</u>
Total▶							\$

Sheet no. 13 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Shannon E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>8275254047</u> <u>Com Ed</u> <u>Bill Payment Center</u> <u>Chgo. DL 60668-0001</u>			# <u>8263120930</u> <u>1st bill</u>				<u>1219.96</u>
ACCOUNT NO. <u>6320188</u> <u>Old Kent Bank</u>			<u>Merchants</u> <u>Bank</u>				<u>96.91</u>
ACCOUNT NO. <u>3-411894</u> <u>Univ. of Chgo Physicians</u> <u>75 Remittance Dr. St. 1385</u> <u>Chgo. DL 60675-1385</u>			<u>Shannon</u> <u>Doctor</u> <u>Bill</u>				<u>65.00</u>
ACCOUNT NO. <u>6379982</u> <u>DL Collection Services</u> <u>P.O. Box 646</u> <u>OAK LAWN, IL 60454-0646</u>			<u>Shannon</u> <u>Doctor Bill</u>				<u>195.00</u>
ACCOUNT NO. <u>092999</u> <u>Univ. of Chgo.</u> <u>75 Remittance Dr. St. 1385</u> <u>Chgo. DL 60675-1385</u>			<u>Nathaniel</u> <u>Doctor</u> <u>Bill</u>				<u>185.00</u>
Subtotal▶							\$ <u>1821.57</u>
Total▶							\$

Sheet no. 14 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Shaman E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 6108699895 Sprint P.O. BOX 219554 KANSAS City, MO. 64121-9554			Sprint				251. <sup>20</sup>
ACCOUNT NO. 923-1110018577392 Revenue Management Corp 225 W. Washington St. Chgo. IL 60606-3418			Kred chgo BANK				750. <sup>25</sup>
ACCOUNT NO. 77322168665441 SBC/America Bill Payment Center Chgo. IL 60663-0001			Phue Bill 773 28888245629				1,600. <sup>00</sup>
ACCOUNT NO. 3-411894 Univ. of Chgo 75 Remittance Dr. St. 1385 Chgo. IL 60675-1385			Shaman Doctor Bill				50.00
ACCOUNT NO. 3-411894 Univ. of Chgo. Physician 75 Remittance Dr. St 1385 Chgo. IL 60675-1385			Shaman Smith Doctor Bill				180.00
Subtotal							2831.95
Total							\$

Sheet no. 15 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Sherman E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. JESSIE R. LOCKHART 9348 S. Phillips Ave Chgo. IL 60607			Personal loan				800.00
ACCOUNT NO. 5-2833468-4092608 Long Beach Acceptance P.O. Box 11470 Santa Ana, CA 92711-1470			repo car				7,442 <sup>20</sup>
ACCOUNT NO. 005575220 CARSON, PIRIE SCOTT 140 Industrial Dr Elmhurst, IL 60126			Credit Car				802 <sup>88</sup>
ACCOUNT NO. Burlington Associates 1525 E. 53rd St. Chgo. IL 60615			Athy fees				1,095 <sup>00</sup>
ACCOUNT NO. CG-8891200520854 J. C. Penny P.O. Box 703101 Roswell, GA 30076			Credit Car				996 <sup>18</sup>
Subtotal▶							11,136.66
Total▶ (Use only on last page of the completed Schedule F ) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							\$

Sheet no. 16 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims



In re Sharman E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>90917219</u> <u>Lord &amp; Taylor</u> <u>P.O. Box 66955</u> <u>St. Louis, MO. 63166</u>			<u>Credit Card</u>				<u>155.00</u>
ACCOUNT NO. <u>Ment School of Music</u> <u>47 West Polk St</u> <u>Chgo., IL. 60605</u>			<u>Sharma Smith</u> <u>Nathaniel Jones</u> <u>music lessons</u>				<u>125.00</u>
ACCOUNT NO. <u>Manuel Hinojosa</u> <u>P.O. Box 906</u> <u>South Holland, IL 60473</u>			<u>6920 S. Ogden</u> <u>Food Mart / Refrigerator</u>				<u>299.00</u>
ACCOUNT NO. <u>Receivable recovery services</u> <u>P.O. Box 55</u> <u>Batavia, IL. 60510</u>			<u>American Auto</u> <u>Sharma Smith</u> <u>2326 E. 6th St</u>				<u>40.00</u>
ACCOUNT NO. <u>515994</u> <u>Wexler &amp; Wexler</u> <u>500 W. Madison St</u> <u>Chgo., IL. 60661-2587</u>		<u>St. 2910</u>	<u>Sears</u>				<u>122.74</u>
Sheet no <u>17</u> of <u>21</u> continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims							Subtotal ▶
							<u>741.74</u>
							Total ▶ \$

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Shirman E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. <u>347 321 793</u> <u>Hanover Direct Inc</u> <u>P.O. Box 624</u> <u>Hanover Pa. 17331</u>			<u>Credit Card</u>				<u>150.00</u>
ACCOUNT NO. <u>8491639</u> <u>Fingerhut / Asset Acceptance</u> <u>P.O. Box 2036</u> <u>Warren, MI. 48090-2036</u>			<u>Fingerhut</u>				<u>549.40</u>
ACCOUNT NO. <u>3 FD 51175</u> <u>MCI</u> <u>P.O. Box 17890</u> <u>Denver, Co. 80217-0890</u>			<u>MCI</u>				<u>60.42</u>
ACCOUNT NO. <u>6528</u> <u>St. Phillip near</u> <u>2132 E. 72nd St</u> <u>Chgo. IL 60649</u>			<u>Catholic School</u> <u>Nathan</u>				<u>600.00</u>
ACCOUNT NO. _____ <u>Steven J. Fink Associates</u> <u>25 E. Washington St</u> <u>Chgo. IL 60602</u>		<u>St. 1125</u>	<u>Karyn &amp; Gary</u> <u>Shelton</u> <u>Violin</u>				<u>910.00</u>
Subtotal▶							<u>2269.87</u>
Total▶							\$

Sheet no. 13 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Shannon E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1996023195083 Goldblatts / Elcloc P.O. Box 17450 Denver, Co. 80217-0450		Recency	Goldblatts				70.07
ACCOUNT NO. JDR 500 N. Franklin Turnpike P.O. Box 585 Ramsey, N.J. 07446-0585			Citgo				168.25
ACCOUNT NO. 13994744 Robert G. Michael & Ass. 188 Industrial Dr. Elmhurst, IL 60126			Michael Kase Hospital Nathan - emergency				398.34
ACCOUNT NO. 520-02591665-01N Cra 324 Market St P.O. Box 625 Lemoyne, Pa 17043			OSCO				55.00
ACCOUNT NO. 0297716 Russell Collector Agency P.O. Box 7009 Plant, MI 48507-7009			Nathan ↓ Decker Hall				134.00
Sheet no 19 of 21 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims Great Lake - ex South Shore							Subtotal ▶
							825.66
							Total ▶ \$

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data )

In re

Sherman E. Smith

Debtor

Case No. \_\_\_\_\_

(if known)

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO <u>S 4835</u> <u>Commercial Recovery</u> <u>P.O. Box 454576</u> <u>Min. Minnesota 55449</u>	<u>Corporation</u>		<u>Life back</u> <u>Studies</u>				<u>31.00</u>
ACCOUNT NO <u>Salvatore Spirelli</u> <u>CS 9018</u> <u>Melville, N.Y. 11747</u>			<u>ICS home</u> <u>loaning</u>				<u>1,309<sup>00</sup></u>
ACCOUNT NO <u>01081557380001</u> <u>R MCB</u> <u>2269 S. Saw Mill River Rd</u> <u>Edmsted, N.Y. 10523</u>		<u>Bldg 3</u>					<u>2235</u>
ACCOUNT NO <u>D-7519</u> <u>Triple D Credit</u> <u>2609 Smouldering wood dr.</u> <u>Arlington, TX 76016</u>			<u>Montgomery</u> <u>wards</u> <u>Credit</u>				<u>25,696<sup>62</sup></u>
ACCOUNT NO <u>40474363</u> <u>Beneficial Finance Company</u> <u>9203 Union Hall St</u> <u>Jamaica, Long Island 11433</u>			<u>Ben.</u>				<u>3,800<sup>00</sup></u>
Subtotal ▶							<u>30,858.97</u>
Total ▶							\$

Sheet no 20 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

(Use only on last page of the completed Schedule F )  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

In re Sherman E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

**SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS**  
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER <small>(See instructions above.)</small>	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO <u>462120116165</u> <u>Citibank</u>			<u>ULSA</u> <u>Collectors</u>				<u>954.00</u>
ACCOUNT NO							
ACCOUNT NO							
ACCOUNT NO							
ACCOUNT NO							
ACCOUNT NO							
Subtotal▶							<u>954.00</u>
Total▶							\$ <u>105,143.63</u>

Sheet no. 21 of 21 continuation sheets attached  
to Schedule of Creditors Holding Unsecured  
Nonpriority Claims

(Use only on last page of the completed Schedule F)  
(Report also on Summary of Schedules and, if applicable on the Statistical  
Summary of Certain Liabilities and Related Data.)

Sharma E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed.R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

[illegible]

In re Shannon E. Smith  
Debtor

Case No. \_\_\_\_\_  
(if known)

## SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, indicate that by stating "a minor child" and do not disclose the child's name. See 11 U.S.C. § 112; Fed. Bankr. P. 1007(m).



Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

In re Sharon E. Smith, Debtor

Case No. \_\_\_\_\_ (if known)

## SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child.

Debtor's Marital Status: <u>Single</u>	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): <u>Son</u>	AGE(S): <u>15</u>
Employment: Occupation <u>Unemployed</u>	DEBTOR	SPOUSE
Name of Employer		
How long employed		
Address of Employer		

INCOME: (Estimate of average or projected monthly income at time case filed)

DEBTOR

SPOUSE

- Monthly gross wages, salary, and commissions (Prorate if not paid monthly)
- Estimate monthly overtime

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

3. SUBTOTAL

\$0 \_\_\_\_\_ \$0 \_\_\_\_\_

4. LESS PAYROLL DEDUCTIONS

- Payroll taxes and social security
- Insurance
- Union dues
- Other (Specify): \_\_\_\_\_

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

5. SUBTOTAL OF PAYROLL DEDUCTIONS

\$0 \_\_\_\_\_ \$0 \_\_\_\_\_

6. TOTAL NET MONTHLY TAKE HOME PAY

\$0 \_\_\_\_\_ \$0 \_\_\_\_\_

- Regular income from operation of business or profession or farm (Attach detailed statement)
- Income from real property
- Interest and dividends
- Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above
- Social security or government assistance (Specify): \_\_\_\_\_
- Pension or retirement income
- Other monthly income (Specify): Unemployment

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ 200.00 \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ 1512.57 \$ \_\_\_\_\_

14. SUBTOTAL OF LINES 7 THROUGH 13

\$ 1712.57 \$0 \_\_\_\_\_

15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)

\$ 1712.57 \$0 \_\_\_\_\_

16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)

\$ 1712.57

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:

\_\_\_\_\_  
\_\_\_\_\_



In re Shannon E. Smith  
Debtor

Page 41 of 53

Case No. \_\_\_\_\_  
(if known)**SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home) \$ 840.00
  - a. Are real estate taxes included? Yes \_\_\_\_\_ No ☒
  - b. Is property insurance included? Yes \_\_\_\_\_ No ☒
2. Utilities:
  - a. Electricity and heating fuel \$ 80.00
  - b. Water and sewer \$ 0
  - c. Telephone \$ 50.00
  - d. Other \_\_\_\_\_ \$ \_\_\_\_\_
3. Home maintenance (repairs and upkeep) \$ \_\_\_\_\_
4. Food \$ 150.00
5. Clothing \$ 50.00
6. Laundry and dry cleaning \$ 30.00
7. Medical and dental expenses \$ 0
8. Transportation (not including car payments) \$ 60.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc. \$ \_\_\_\_\_
10. Charitable contributions \$ \_\_\_\_\_
11. Insurance (not deducted from wages or included in home mortgage payments)
  - a. Homeowner's or renter's \$ 0
  - b. Life \$ 0
  - c. Health \$ 0
  - d. Auto \$ 105.00
  - e. Other \_\_\_\_\_ \$ 0
12. Taxes (not deducted from wages or included in home mortgage payments)  
(Specify) \_\_\_\_\_ \$ 0
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)
  - a. Auto \$ 351.00
  - b. Other \_\_\_\_\_ \$ \_\_\_\_\_
  - c. Other \_\_\_\_\_ \$ \_\_\_\_\_
14. Alimony, maintenance, and support paid to others \$ 0
15. Payments for support of additional dependents not living at your home \$ 0
16. Regular expenses from operation of business, profession, or farm (attach detailed statement) \$ 0
17. Other \_\_\_\_\_ \$ \_\_\_\_\_
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.) \$ 1712.57
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:  
\_\_\_\_\_  
\_\_\_\_\_
20. STATEMENT OF MONTHLY NET INCOME
  - a. Average monthly income from Line 15 of Schedule I \$ 1716.00
  - b. Average monthly expenses from Line 18 above \$ -3.43
  - c. Monthly net income (a. minus b.)

In re Sharmen E. Smith  
Debtor

Document Page 42 of 53

Case No. \_\_\_\_\_  
(if known)

## DECLARATION CONCERNING DEBTOR'S SCHEDULES

### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 2*), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
Debtor

Date \_\_\_\_\_

Signature: \_\_\_\_\_  
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

### DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any,  
of Bankruptcy Petition Preparer

Social Security No.  
(Required by 11 U.S.C. § 110.)

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_ Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

*If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.*

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.*

### DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF A CORPORATION OR PARTNERSHIP

I, the \_\_\_\_\_ [the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership] of the \_\_\_\_\_ [corporation or partnership] named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
[Print or type name of individual signing on behalf of debtor.]

*[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]*

*Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.*

Official Form 7  
(10/05)

UNITED STATES BANKRUPTCY COURT

DISTRICT OF Illinois

In re:

Sharman E. Smith  
Debtor

Case No.

(if known)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. Do not include the name or address of a minor child in this statement. Indicate payments, transfers and the like to minor children by stating "a minor child." See 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

**"In business."** A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

**"Insider."** The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None  
☐

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

\$5,000.00  
\$18353.00  
\$21,469.00

SOURCE

Estimated Employment Income YTD 2007  
Employment Income 2006  
Employment Income 2005

**2. Income other than from employment or operation of business**

☒ None

State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT

SOURCE

**3. Payments to creditors**

☒ None

*Complete a. or b., as appropriate, and c.*

a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and creditor counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS	AMOUNT PAID	AMOUNT STILL OWING
------------------------------	----------------------	----------------	-----------------------

None

☒

b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case if the aggregate value of all property that constitutes or is affected by such transfer is not less than \$5,000. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATES OF PAYMENTS/ TRANSFERS	AMOUNT PAID OR VALUE OF TRANSFERS	AMOUNT STILL OWING
------------------------------	------------------------------------	--	--------------------------

None

☒

c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR	DATE OF PAYMENT	AMOUNT PAID	AMOUNT STILL OWING
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**4. Suits and administrative proceedings, executions, garnishments and attachments**

~~None~~

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
------------------------------------	----------------------	---------------------------------	--------------------------

~~None~~

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED	DATE OF SEIZURE	DESCRIPTION AND VALUE OF PROPERTY
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#### 5. Repossessions, foreclosures and returns

~~None~~

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER	DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN	DESCRIPTION AND VALUE OF PROPERTY
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#### 6. Assignments and receiverships

~~None~~

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE	DATE OF ASSIGNMENT	TERMS OF ASSIGNMENT OR SETTLEMENT
---------------------------------	-----------------------	---

☒ None

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN	NAME AND LOCATION OF COURT CASE TITLE & NUMBER	DATE OF ORDER	DESCRIPTION AND VALUE OF PROPERTY
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#### 7. Gifts

☒ None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION	RELATIONSHIP TO DEBTOR, IF ANY	DATE OF GIFT	DESCRIPTION AND VALUE OF GIFT
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#### 8. Losses

☒ None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY	DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS	DATE OF LOSS
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#### 9. Payments related to debt counseling or bankruptcy

☐ None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE	DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY
Money Management	\$50.00	8/5/07

#### 10. Other transfers

None  
☒

- a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR	DATE	DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED
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None  
☒

- b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER DEVICE	DATE(S) OF TRANSFER(S)	AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST IN PROPERTY
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#### 11. Closed financial accounts

None  
☒

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments: shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION	TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE	AMOUNT AND DATE OF SALE OR CLOSING
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#### 12. Safe deposit boxes

None  
☒

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY	NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY	DESCRIPTION OF CONTENTS	DATE OF TRANSFER OR SURRENDER, IF ANY
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#### 13. Setoffs

~~None~~

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR	DATE OF SETOFF	AMOUNT OF SETOFF
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**14. Property held for another person**

~~None~~

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER	DESCRIPTION AND VALUE OF PROPERTY	LOCATION OF PROPERTY
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**15. Prior address of debtor**

~~None~~

If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS	NAME USED	DATES OF OCCUPANCY
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**16. Spouses and Former Spouses**

~~None~~

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME



### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

☒ None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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☒ None

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS	NAME AND ADDRESS OF GOVERNMENTAL UNIT	DATE OF NOTICE	ENVIRONMENTAL LAW
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☒ None

c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT	DOCKET NUMBER	STATUS OR DISPOSITION
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### 18. Nature, location and name of business

☒ None

a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

*If the debtor is a partnership*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

*If the debtor is a corporation*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

NAME	LAST FOUR DIGITS OF SOC. SEC. NO./ COMPLETE EIN OR OTHER TAXPAYER I.D. NO.	ADDRESS	NATURE OF BUSINESS	BEGINNING AND ENDING DATES
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None  
☒

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME	ADDRESS
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The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within **six years** immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

*(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)*

#### 19. Books, records and financial statements

None  
☒

a. List all bookkeepers and accountants who within **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

NAME AND ADDRESS	DATES SERVICES RENDERED
------------------	-------------------------

None  
☒

b. List all firms or individuals who within **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

NAME	ADDRESS	DATES SERVICES RENDERED
------	---------	-------------------------

None  
☒

c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

NAME	ADDRESS
------	---------

None  
☒

- d. List all financial institutions, creditors and other parties, including mercantile and trade agencies, to whom a financial statement was issued by the debtor within **two years** immediately preceding the commencement of this case.

NAME AND ADDRESS

DATE ISSUED

---

**20. Inventories**

None  
☒

- a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

DATE OF INVENTORY

INVENTORY SUPERVISOR

DOLLAR AMOUNT  
OF INVENTORY  
(Specify cost, market or other basis)

None  
☒

- b. List the name and address of the person having possession of the records of each of the inventories reported in a., above.

DATE OF INVENTORY

NAME AND ADDRESSES  
OF CUSTODIAN  
OF INVENTORY RECORDS

---

**21. Current Partners, Officers, Directors and Shareholders**

None  
☒

- a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

NAME AND ADDRESS

NATURE OF INTEREST

PERCENTAGE OF INTEREST

None  
☒

- b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

NAME AND ADDRESS

TITLE

NATURE AND PERCENTAGE  
OF STOCK OWNERSHIP

---

**22. Former partners, officers, directors and shareholders**

None  
☒

- a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

NAME

ADDRESS

DATE OF WITHDRAWAL

None  
☒

- b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS

TITLE

DATE OF TERMINATION

---

**23 . Withdrawals from a partnership or distributions by a corporation**

None  
☒

If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

NAME & ADDRESS

OF RECIPIENT,

RELATIONSHIP TO DEBTOR

DATE AND PURPOSE

OF WITHDRAWAL

AMOUNT OF MONEY

OR DESCRIPTION

AND VALUE OF PROPERTY

---

**24. Tax Consolidation Group.**

None  
☒

If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

NAME OF PARENT CORPORATION

TAXPAYER IDENTIFICATION NUMBER (EIN)

---

**25. Pension Funds.**

None  
☒

If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

NAME OF PENSION FUND

TAXPAYER IDENTIFICATION NUMBER (EIN)

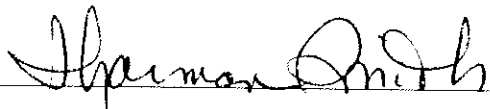
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\* \* \* \* \*

*[If completed by an individual or individual and spouse]*

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date 9/28/07

Signature of Debtor 

Date \_\_\_\_\_

Signature of Joint Debtor (if any) \_\_\_\_\_

*[If completed on behalf of a partnership or corporation]*

I, declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct to the best of my knowledge, information and belief.

Date \_\_\_\_\_

Signature \_\_\_\_\_

Print Name and Title \_\_\_\_\_

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

\_\_\_\_ continuation sheets attached

*Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571*

**DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)**

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer \_\_\_\_\_

Social Security No. (Required by 11 U.S.C. § 110.) \_\_\_\_\_

*If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs this document.*

Address \_\_\_\_\_

X \_\_\_\_\_  
Signature of Bankruptcy Petition Preparer

\_\_\_\_\_  
Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

*A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 18 U.S.C. § 156.*